

HB0142S03 – Administration of Anesthesia Amendments Fiscal Note Summary.

Human Impact: Adverse events are rare but egregious events that do occur. In one study of 27,970 procedures, 49.8 percent were outpatient and greater than 80 percent were surgical. For surgical procedures, adverse event rates were higher for inpatient than outpatient procedures (2.11 percent vs. 1.45 percent; $p < 0.001$). In Utah, the number of outpatient surgeries involving IV anesthesia that place patients at risk for adverse events is unknown. Current Patient Safety reports from hospitals and ambulatory surgical centers are roughly 100 per year.

Local Impact: State Revenue – no Local Government - no

Fiscal Impact: Business / Individual – yes Outpatient reports to the Patient Safety Program is estimated to be 40-50 events a year. Reporting of such events would take approximately 30 minutes per event which includes getting registered and authorized to report to the portal and the actual reporting of the event. Annual costs to the outpatient industry is roughly estimated to be 50 events x 30 min. x \$100 for professional time = \$150,000.

Use of Funds: This request is for a .20% FTE for Patient Safety personnel to accomplish the following:

- Create administrative rules compliant with law
- Reprogram current Patient Safety database to accept reports on new data elements
- Establish whistle blower reporting mechanisms (phone, online complaint, other)
- Notify health providers of change in law and requirement to report through DOPL
- Provide secure reporting portal to providers for reporting and conduct data analysis
- Conduct analysis and submit annual report to Health/Human Services Interim committee
- Collaborate with EMS program on obtaining reports from Pre-hospital EMS dataset for adverse events transports from outpatient providers
- Collaborate with DOPL on cases where reports have not been made (whistle blowers, EMS, families, patients, etc.)
- Collaborate with All Payers Claims Database to capture electronic codes for adverse events and use of IV anesthesia in outpatient procedures

Funds requested: \$100,000 for three year pilot **Personnel costs**

	FY 2017	FY 2018	FY 2019
1000 (ALL) General Fund: LFA (Recurring)	N/A	\$30,000.00	\$30,000.00
1000 (ALL) General Fund: LFA (One-Time)			
Total	\$0.00	\$30,000.00	\$30,000.00

Performance Measures:

- Identification of the number of outpatient encounters that use IV anesthesia through use of the APCD (All Payer Claims Database).
- Identification of the number of adverse events on annual basis associated with outpatient encounters that uses IV anesthesia through the use of the Patient Safety Database, EMS pre-hospital data, DOPL reports and any whistle blowers reports.